

SCANNED

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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S.D. OF N.Y.

19 CV 1693

(To be filled out by Clerk's Office)

Stephen Dresch

Write the full name of each plaintiff.

-against-

New York City
Police Department
John Doe 1,2,3,4

COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: I had my Leg broken during the Arrest

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Stephen

L

Stephen

First Name

Middle Initial

Last Name

NA

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

3491900232 NYSID 14157162L

Current Place of Detention

1500 Hazzan Street East Elmhurst N.Y 11376

Institutional Address

Oceans

County, City

New York

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

V. STATEMENT OF CLAIM

Place(s) of occurrence:

126 St - Lexington Ave New York NY

Date(s) of occurrence:

1-4-19

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was leaving my Girl Friend home when I was confronted by the police about visiting my Girl Friend who mother called because she claimed that there was a order of protection on me -

I was told that it was still active and that I was under arrest - I then ask could I retrieve my Napsack the police nodded his head Yes and I then proceeded to do that Next thing I knew was I was being tackle to the floor and then beaten -

In which my Leg was broken in two places.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Broken Leg - Head tormmer

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

\$200,000.00

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

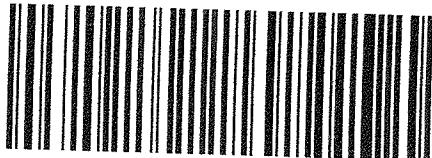
1-26-19		
Dated	Plaintiff's Signature	
Stephen	L	Drasch
First Name	Middle Initial	Last Name
1500 Hazen Street East Elmhurst		
Prison Address		
Queens	New York	11370
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

1-26-19

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



5124 1315

Stephen Dresch 3491900232
1530 Haven Street
Castelhurst N.Y.
11370

REG'D MAIL



RECEIVED
FEB 21 2019
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
ATTORNEY'S OFFICE
1530 Haven Street
New York New York 10036

on rec'd